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FAX TRANSMISSION**DATE:** October 28, 2005**PTO IDENTIFIER:** Application Number 10/628,999-Conf. #7333
Patent Number**Inventor:** Rudolf E. Falk et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS & ANGELL, LLP

Gregory B. Butler, Ph.D.

PHONE: (617) 439-4444**Attorney Dkt. #:** 63414CON2(49917)**PAGES (Including Cover Sheet):** _____**CONTENTS:**Transmittal (1 page)
Certificate of Transmission (1 page)
Revocation of Power of Attorney with New Power of Attorney
and Change of Correspondence Address (1 page)
Statement under 37 CFR 3.73(b) (1 page)

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PTO/SB/97 (09-04)

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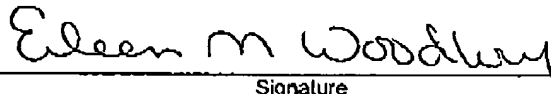
Application No. (if known): 10/628,999

Attorney Docket No.: 63414CON2(49917)

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Transmittal (1 page)

Revocation of Power of Attorney with New Power of Attorney
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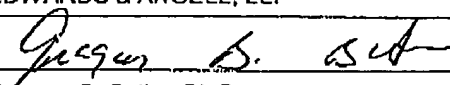
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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	10/628,999-Conf. #7333
		Filing Date	July 28, 2003
		First Named Inventor	Rudolf E. Falk
		Art Unit	1623
		Examiner Name	L. C. Maier
Total Number of Pages in This Submission		Attorney Docket Number	63414CON2(49917)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement under 37 CFR 3.73(b)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	EDWARDS & ANGELL, LLP		
Signature			
Printed name	Gregory B. Butler, Ph.D.		
Date	October 28, 2005	Reg. No.	34,558

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P. 04/05

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/628,999-Conf. #7333
	Filing Date	July 28, 2003
	First Named Inventor	Rudolf Edgar Falk
	Art Unit	1636
	Examiner Name	J. A. Dunston
	Attorney Docket Number	63414CON2(49917)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:
☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

OR

☐ Firm or
Individual Name **EDWARDS & ANGELL, LLP**
Gregory B. Butler, Ph.D.
Address **P.O. Box 55874**City **Boston**Country **US**

State

MAZip **02205**Telephone **(617) 439-4444**Fax **(617) 439-4170**

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature Name **Tracey Brown, Research Director**Date **3 October 2005**

Telephone

613 9296 2026

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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PTO/SB/03 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Rudolf E. Falk et al.Application No./Patent No.: 10/628,999 Filed/Issue Date: July 28, 2003Entitled: TREATMENT OF CONITIONS AND DISEASEMeditech Research Limited, a
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Tracey Brown
Signature

3 October 2005
Date

Tracey Brown
Printed or Typed Name

613 9296 2026
Telephone Number

Research Director
Title